

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR JACK A. COLE	8. FARM OR LEASE NAME MARCUS
3. ADDRESS OF OPERATOR P. O. BOX 191, FARMINGTON, NEW MEXICO 87499	9. WELL NO. 1-B
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1880' FSL, 930' FEL	10. FIELD AND POOL, OR WILDCAT Escrito Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4 SE 1/4 I SEC. 31-T24N-R6W
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 7028 GR	12. COUNTY OR PARISH 13. STATE RIO ARRIBA NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SECT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) WELL NAME CHANGE ☒	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

WELL NAME HAS BEEN CHANGED TO RINCON NO. 11.

RECEIVED

OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

APR 27 1989

FARMINGTON RESOURCE AREA

BY

18. I hereby certify that the foregoing is true and correct:

SIGNED Dorothy Blanchett

TITLE PRODUCTION SUPERINTENDENT

DATE APRIL 19, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

NMOCC